Annual Reporting for High-Cost Recipients 47 C.F.R. §54.313(a)(2) through (a)(6) and (h)



4001 Rodney Parham Drive • Little Rock, Arkansas 72212 (501) 748-7000

June 11, 2014

Received & inspected

Ms. Marlene H. Dortch Office of the Secretary Federal Communications Commission

Federal Communications Commission 445 12th Street SW

Washington, D.C. 20554

JUN 30 2014

FCC Mail Room

Ms. Karen Majcher Vice President – High Cost Low Income Division Universal Service Administrative Company 2000 L Street NW, Suite 200 Washington, D.C. 20036

RE: Connect America Fund, WC Docket No. 10-90: Lifeline and Link Up Reform and Modernization, WC Docket No. 11-42

Pursuant to Section 54.313 and 54.422 of the Federal Communications Commission's rules enclosed is the 2014 annual report and certifications for Windstream Study Area Code 170165 located in Pennsylvania. A copy of this report is also being filed with the Universal Service Administration Company (USAC), relevant state public service commissions, and tribal governments.

This filing contains CONFIDENTIAL information, (200) Service Outage Reporting (Voice), which is not readily ascertainable to Windstream's competition. Release of this information would cause Windstream to reveal proprietary information and trade secrets and cause damage to its competitive position. Windstream requests that this data be treated as trade secret information.

Should you have any questions, please contact me via email at <u>jeff.l.heacox@windstream.com</u> or by phone at 501-748-5390.

Sincerely.

Jeff Heacox

Staff Manager Compliance Reporting

Enclosures

Cc: Applicable State Public Utilities Commissions, State Public Service Commissions, and Tribal Governments

No. of Copies rec'd 0 List ABODE

FCC For	m 481 - Carrier Annual Reporting Data Collection Form		OMB Control No. 3 July 2013	060-0986/OMB Control No. 3060-0819
<010>	Study Area Code	170165		Received & inspected
<015>	Study Area Name	DENVER & EPHRATA		जन्म विश्वास्त्र स्थान
<020>	Program Year	2015		WW
<030>	Contact Name: Person USAC should contact with questions about this data	Jeff Heacox		JUN 3 0 2014
<035>	Contact Telephone Number: Number of the person identified in data line <030>	5017485390 ext.	2.57(1)2.()	FCC Mail Room
<039>	Contact Email Address: Email of the person identified in data line <030>	jeff.1.heacox@winds	tream.com	
ANNUA	L REPORTING FOR ALL CARRIERS.			54.313 54.422 Completion Required (check box when complete)
<100>	Service Quality Improvement Reporting		(complete attached worksheet)	1 IIII
	Outage Reporting (voice)		(complete attached worksheet)	
<210>		outages to report		A WILLIAM
<300>	Unfulfilled Service Requests (voice)	J	-	W.C. 1140 = 1140
<310>	Detail on Attempts (voice)		(attach descripti	ve document)
				· -
<320>	Unfulfilled Service Requests (broadband)			
<330>	Detail on Attempts (broadband)		(attach descrip	tive document)
	Number of Complaints per 1,000 customers (voice)			
<410> <420>	Fixed 0.92 Mobile 0.0			✓ ✓
	Number of Complaints per 1,000 customers (broad	band)		1 1111110
<440>	Fixed 0.85 Mobile 0.0			
<450> <500>	Service Quality Standards & Consumer Protection R	ules Compliance	(check to indicate certification)	/ /
<510>			(attached descriptive document)	/ /
<600>	Functionality in Emergency Situations		(check to indicate certification)	<i></i>
	I VIOLENCE OF THE STATE OF THE		(attached descriptive document)	1 1
<610>				
<700>	Company Price Offerings (voice)		(complete attached worksheet)	
<710>	Company Price Offerings (broadband)		(complete attached worksheet)	
	Operating Companies and Affiliates Tribal Land Offerings (Y/N)?	خالا	(complete attached worksheet) yes, complete attached worksheet)	111111
	Voice Services Rate Comparability 170165PA1010.pdf	(f	(check to indicate certification)	
<1010	>	27	(attach descriptive document)	√
<1100	> Terrestrial Backhaul (Y/N)?	(6)	f not, check to indicate certification)	
<1110>			(complete attached worksheet)	THE STATE OF
<1200>	Terms and Condition for Lifeline Customers		(complete attached worksheet)	111111
	Price Cap Carriers, Proceed to Price Cap Additional			
<2000>	Including Rate-of-Return Carriers affiliated with Pi	ice cup Locui Excitange	(check to indicate certification)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
<2005>			(complete attached worksheet)	A STATE OF THE STA
<3000>	Rate of Return Carriers, Proceed to ROR Additional	Documentation Work	(sheet (check to indicate certification)	1111111
<3005>			(complete attached worksheet)	188811

SOUTH AND SOUTH	ervice Quality Improvement Reporting ollection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	170165	
<015>	Study Area Name	DENVER & EPHRATA	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Heacox	
<035>	Contact Telephone Number - Number of person identified in data line <030>	5017485390 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff.1.heacox@windstream.com	
<110>	Has your company received its ETC certification from the FCC? If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	(yes / no) O O	
<111>	year plan" filed with the FCC?	(yes/no) O O	
<112>	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your of CETC which only receives frozen support, your progress report is only required to address voice telephony service.	company is a	
	Please check these boxes below to confirm that the attached documents(s), on li 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	ne	Name of Attached Document
<113>	Maps detailing progress towards meeting plan targets		
<114>	Report how much universal service (USF) support was received		
<115>	How (USF) was used to improve service quality		
<116>	How (USF)was used to improve service coverage		
<117>	How (USF) was used to improve service capacity		
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.		

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	170165
<015>	Study Area Name	DENVER & EPHRATA
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Heacox
<035>	Contact Telephone Number - Number of person identified in data line <030>	5017485390 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff.l.heacox@windstream.com

	<a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h></h>
	NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures
-										_		
							See attached					
						wo	rksheet					
					7.94							All All
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-												

A STORY SHOW	ce Offerings including Voice Rate Data lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	170165
<015>	Study Area Name	DENVER & EPHRATA
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Heacox
<035>	Contact Telephone Number - Number of person identified in data line <030>	5017485390 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff.l.heacox@windstream.com
<701>	Residential Local Service Charge Effective Date 1/1/2014 Single State-wide Residential Local Service Charge	

	<=1>	<a2></a2>	<a3></a3>	4 × <01>	 Residential Local	<b3></b3>	<base/> <b4></b4>	Mandatory Extended Area	(
	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fe
_									
_									
					See at	tached worksheet			
_									
_									-
_									

(710) Broadband Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	170165
<015>	Study Area Name	DENVER & EPHRATA
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Heacox
<035>	Contact Telephone Number - Number of person identified in data line <030>	5017485390 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff.l.heacox@windstream.com

(al>	,K82>	 	 	<0>.	- <61>	<d2></d2>	<d3></d3>	<d4></d4>
State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select
			- See attac	hed				
			worksheet -					

618 5 6 5 10 5 10 5 10 5 10 5 10 5 10 5 10	perating Companies				FCC Form 481 OMB Control No.: 3060-0986/OMB Control No.: 3060-08 July 2013
<010>	Study Area Code		170165		
<015>	Study Area Name	*	DENVER & BPHI	RATA	
<020>	Program Year		2015		
<030>		USAC should contact regarding this data	Jeff Heacox		
<035>		ber - Number of person identified in data line <030>	5017485390 ex	xt.	
<039>	Contact Email Address -	Email Address of person identified in data line <030>	jeff.1.heaco	ox@windstream.com	
<810>	Reporting Carrier	Windstream D & E, Inc.			
<811>	Holding Company	Windstream Holdings, Inc.			
<812>	Operating Company	Windstream D & E, Inc.			
<813>		<a>>		<a2> ±</a2>	<a3></a3>
		Affiliates		SAC	Doing Business As Company or Brand Designation
				-	
			See att	ached workship	eet
- 51					
		-			
6 61					
14 14 14					

THE RESERVE AND ADDRESS OF THE PARTY OF THE	bal Lands Reporting lection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. July 2013	3060-0819
<010>	Study Area Code		170165		
<015>	Study Area Name		DENVER & EPHRATA		
<020>	Program Year		2015		
<030>	Contact Name - Person USAC should contact regarding this data		Jeff Heacox		
<035>	Contact Telephone Number - Number of person identified in data line		5017485390 ext.	7.5	
<039>	Contact Email Address - Email Address of person identified in data line	<030>	jeff.l.heacox@windstream.com		
<910>	Tribal Land(s) on which ETC Serves			,	
<920>	Tribal Government Engagement Obligation		Name of Attache	d Document	
to confi	company serves Tribal lands, please select (Yes,No, NA) for each these boxes rm the status described on the attached document(s), on line 920, trates coordination with the Tribal government pursuant to B(a)(9) includes:	Sele (Yes,	No,		
<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.	181			
<922>	Feasibility and sustainability planning;				
<923>	Marketing services in a culturally sensitive manner;				
<924>	Compliance with Rights of way processes				
<925>	Compliance with Land Use permitting requirements				
<926>	Compliance with Facilities Siting rules				
<927>	Compliance with Environmental Review processes				
<928>	Compliance with Cultural Preservation review processes				
<929>	Compliance with Tribal Business and Licensing requirements.				

FLORESS CONTROLS	o Terrestrial Backhaul Reporting ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013		
<010>	Study Area Code	170165		
<015>	Study Area Name	DENVER & EPHRATA		
<020>	Program Year	2015		
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Heacox		
<035>	Contact Telephone Number - Number of person identified in data line <030	5017485390 ext.		
<039>	Contact Email Address - Email Address of person identified in data line <030	jeff.l.heacox@windstream.com		
<1120>	Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)			
<1130>	Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)			

Lifeline	erms and Condition for Lifeline Customers ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code		170165
<015>	Study Area Name		DENVER & EPHRATA
<020>	Program Year		2015
<030>	Contact Name - Person USAC should contact regarding this data		Jeff Heacox
<035>	Contact Telephone Number - Number of person identified in data I	ine <030>	> 5017485390 ext.
<039>	Contact Email Address - Email Address of person identified in data	line <030)> jeff.1.heacox@windstream.com
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans		Name of Attached Document
<1220>	Link to Public Website	НТТР —	http://www.windstream.com/About-Us/Lifeline-Applications/
or the we	neck these boxes below to confirm that the attached document(s), on line bsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers museport:	100	
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	1	
<1222>	Details on the number of minutes provided as part of the plan,	V	
<1223>	Additional charges for toll calls, and rates for each such plan.	V	

(2000) Pr	ce Cap Carrier Additional Documentation	Company of the arms of the	FCC Form 481	- The Property of the Control of the
Data Call	ection Form		OMB Control No. 3050	0986/OMB Control No. 3060-0819
		The Control of the Control of the Control	July 2013	State of the state
memerany	Rate-of-Return Carriers offiliated with Price Cop Local Exchange Carriers		351,2025	
<010>	Study Area Code	170165		
<015>	Study Area Name	DENVER & EPHRATA		
<020>	Program Year	2015		
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Heacox		
<035>	Contact Telephone Number - Number of person identified in data line <030>	5017485390 ext.		
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff.l.heacox@windstream.com		
				SAME TO AND THE SAME OF THE SA
CHECK th	e boxes below to note compliance as a recipient of Incremental Connect Ameri	지수가 되었다면 하다 내가 이 하면 하고 있다. 그는 사람들이 되었다면 하는데 하는데 하고 있다면 함께 되었다.	[20] [20] [20] [20] [20] [20] [20] [20]	nd Connect America Phase II
	support as set forth in 47 CFR § 54.313(b),(c),(d),(e)	e) the information reported on this form and in t	he documents attached below is accurate.	
	Incremental Connect America Phase I reporting			
<2010>	2nd Year Certification (47 CFR § 54.313(b)(1))			
<2011>	3rd Year Certification (47 CFR § 54.313(b)(2))			
	Dries Can Carrier Bassining France Contact Contification (47 CED 5 E4 217/-))			
<2012s	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))			
<2012> <2013>	2013 Frozen Support Certification			
	2014 Frozen Support Certification			
<2014> <2015>	2015 Frozen Support Certification			
<2015>	2016 and future Frozen Support Certification			
	Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))			
<2016>	Certification Support Used to Build Broadband			
2010	certification support osea to balla or baubana			
	Connect America Phase II Reporting (47 CFR § 54.313(e))		-	
<2017>	3rd year Broadband Service Certification			
<2018>	5th year Broadband Service Certification			
<2019>	Interim Progress Certification			
-2020-	Please check the box to confirm that the attached document(s), on I	ine 2021 contains the required information		
<2020>	pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support	shall provide the number, names, and		
	addresses of community anchor institutions to which began providing	ng access to broadband service in the		
	preceding calendar year.			
				1
		į.		
<2021>	Interim Progress Community Anchor Institutions			
	5 8			
		400 - 100 parties and a partie		1
		Name of At	ttached Document Listing Required Information	

(3000) R	its Of Raturn Carrier Adoltional Documentation	FCC Form(461
Date Col	ection Form	OMB Centrol Nor 3060-0986/OMB Centrol Not 3060-0819
		July 2013
and the said register table		
<010>	Study Area Code	170165
<015>	Study Area Name	DENVER & EPHRATA
<020>	Program Year Contact Name - Person USAC should contact regarding this data	2015
<035>	Contact Telephone Number - Number of person identified in data line <030>	Jeff Heacox 5017485390 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	ieff.l.heacox@windstream.com
CHECK t		t to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47
	CFR § 54.313(f)(2). I further certify that th	e information reported on this form and in the documents attached below is accurate.
	Banacas Banash on S Vana Blan	
(3010)	Progress Report on 5 Year Plan Milestone Certification (47 CFR § 54.313(f)(1)(i))	
	ministrate certaination for the \$ 24/212/1/1/1/1/1	Name of Attached Common Listing Resulted Information
		Name of Attached Document Listing Required Information
	Please check this box to confirm that the attached document(s), on line 3 § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addre providing access to broadband service in the preceding calendar year.	
(3012)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))	1
		Name of Attached Document Listing Required Information
(3013)	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))	(Yes/No)
(3014)	If yes, does your company file the RUS annual report	(163/100) 100
Please	check these boxes to confirm that the attached document(s), on line 3017	, contains the required information pursuant to § 54.313(f)(2) compliance requires:
(3015)	Electronic copy of their annual RUS reports (Operating Report for	
	Telecommunications Borrowers)	
(3016)	Document(s) for Balance Sheet, Income Statement and Statement of Cast	h Flows
(3017)	If the response is yes on line 3014, attach your company's RUS annual	1
	report and all required documentation	
		Name of Attached Degreeous Listing Regulard Information
		Name of Attached Document Listing Required Information
(3018)	If the response is no on line 3014, Is your company audited?	(Yes/No)
	If the response is yes on line 3018, please check the boxes below to	
(0.000)	confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains	
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a fo	rmat comparable to RUS Operating Report for Telecommunications
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Ca	sh Flows
Same S.	100	
(3021)	Management letter issued by the independent certified public accountant that	performed the company s financial audit.
	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:	
(3022)	Copy of their financial statement which has been subject to review by an	
	independent certified public accountant; or 2) a financial report in a	
	format comparable to RUS Operating Report for Telecommunications	
	Borrowers,	
(3023)		
***	public accountant	—
(3024)	Underlying information subjected to an officer certification. Document(s) for Balance Sheet, Income Statement and Statement of Ca	eh Flowe
(3023)	Document(s) to beliance onest, mounte otatement and statement of Ca	all Flores
	I	
(3026)	Attach the worksheet listing required information	i
	37. 1	I
	1	
		Name of Attached Document Listing Required Information

Data Col	tion - Reporting Carrier ection Form	FCC Form 481 QMB Control No. 3060-0986/DMB Control No. 3060-0819 July 2013
<010>	Study Area Code	170165
<015>	Study Area Name	DENVER & EPHRATA
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Heacox
<035>	Contact Telephone Number - Number of person identified in data line <030>	5017485390 ext.
<0395	Contact Email Address - Email Address of person identified in data line <030>	inff 1 hazgav@windstroam.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. Name of Reporting Carrier: Denver & Ephrata Signature of Authorized Officer: CERTIFIED ONLINE Date 06/19/2014 Printed name of Authorized Officer: Title or position of Authorized Officer: Director Regulatory Reporting Telephone number of Authorized Officer: 5017487442 ext. Study Area Code of Reporting Carrier: 170165 Filing Due Date for this form: 06/30/2014 Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

1974-200175389	don - Agent / Carrier lection Form	FCCForm 481 OMB Control No. 3060-0986/OMB Control No. 3060-0815 July 2013
<010>	Study Area Code	170165
<015>	Study Area Name	DENVER & EPHRATA
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Heacox
<035>	Contact Telephone Number - Number of person identified in data line <030>	5017485390 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff.l.heacox@windstream.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting carrie	r. 1
also certify that I am an officer of the reporting carrier; my agent; and, to the best of my knowledge, the reports and d	consibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorize provided to the authorized agent is accurate.	d
Name of Authorized Agent:		
Name of Reporting Carrier:		
Signature of Authorized Officer:	Date:	
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier							
as agent for the reporting carrier, certify that I am aut he data reported herein based on data provided by the		ervice support recipients on behalf of the reporting carrier; I have provided , the information reported herein is accurate.					
lame of Reporting Carrier:							
lame of Authorized Agent or Employee of Agent:							
ignature of Authorized Agent or Employee of Agent:		Date:					
rinted name of Authorized Agent or Employee of Agent:	V						
itle or position of Authorized Agent or Employee of Agen	nt						
elephone number of Authorized Agent or Employee of A	Agent:						
tudy Area Code of Reporting Carrier:	Filing Due Date for this form:						

Attachments

FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	170165
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<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff.l.heacox@windstream.com
<220>		

<a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h></h>
NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures
13-05968988	02/28/2013	17:53	02/28/2013	21:44	40961	40961	Yes	Wireline (including cable) Voice (non-VoIP), Hardware Failure	No	SSTC tech in Litis switch said that there was a failure of the ALI Server in Brownstown	Repaired/Replaced faulty hardware
13-23585730	08/23/2013	23:36	08/24/2013	02:45	11468	40961	Yes	Wireline (including cable) Voice (non-VoIP), Software	No	Mindstream employee restarted ALI Data source management Server to restore service.	Reviewed procedures with Telco employee
							-				
			,	-							
							<u> </u>				

ITANI Outer	CALL STORY	SPECIAL PROPERTY.		5 5 1 10 1	SECULIAR SECULIAR
(700) Price	CHICATOR	HECK	以出発を	OILER	ate pare
	- XX	Distance of the		THE REAL PROPERTY AND	
Production of the last	TO A STATE OF THE		5		
Data Collec	HORIEGE !	1 0000 0000	St. 200 (Miles 5)	7. COMPANY	

FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

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<030>	Contact Name - Person USAC should contact regarding this data	Jeff Heacox
<035>	Contact Telephone Number - Number of person identified in data line <030>	5017485390 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff.1.heacox@windstream.com

<701> Residential Local Service Charge Effective Date

1/1/2014

<702> Single State-wide Residential Local Service Charge

<703>

	«×32>			 Kesidential Local		<b4></b4>	Mandatory Extended Area	
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fee
PA	ADAMSTOWN		FR	18.3	0.0	0.0	0.0	18.3
PA	AKRON		PR	18.3	0.0	0.0	0.0	18.3
PA	DENVER		FR	16.14	0.0	0.0	0.0	16.14
PA	EPHRATA		PR	18.3	0.0	0.0	0.0	18.3
PA	LITITZ		FR	18.3	0.0	0.0	0.0	18.3
PA	MANHEIM		FR	18.3	0.0	0.0	0.0	18.3
PA	ADAMSTOWN		MS	10.0	0.0	0.0	0.0	10.0
PA	AKRON		MS	10.0	0.0	0.0	0.0	10.0
PA	DENVER		MS	10.0	0.0	0.0	0.0	10.0
PA	EPHRATA		MS	10.0	0.0	0.0	0.0	10.0
PA	LITITZ		MS	10.0	0.0	0.0	0.0	10.0
PA	MANHEIM		MS	10.0	0.0	0.0	0.0	10.0

<010>	Study Area Code	170165
<015>	Study Area Name	DENVER & EPHRATA
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Heacox
<035>	Contact Telephone Number - Number of person identified in data line <030>	5017485390 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff.1.heacox@windstream.com

State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rates and Fees		Broadband Service -Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select)
PA	AKRON	49.99	0.0	49.99	24.0	4.0	0.0	Other, No limit on usage allowan
PA	DENVER	49.99	0.0	49.99	12.0	1.5	0.0	Other, No limit on usage allowan
PA	DENVER	49.99	0.0	49.99	24.0	1.5	0.0	Other, No limit on usage allowan
PA	DENVER	49.99	0.0	49.99	24.0	4.0	0.0	Other, No limit on usage allowan
PA	EPHRATA	49.99	0.0	49.99	12.0	1.5	0.0	Other, No limit on usage allowan
PA	EPHRATA	49.99	0.0	49.99	24.0	1.5	0.0	Other, No limit on usage allowan
PA	EPHRATA	49.99	0.0	49.99	24.0	4.0	0.0	Other, No limit on usage allowan
PA	LITITZ	49.99	0.0	49.99	12.0	1.5	0.0	Other, No limit on usage allowan
PA	LITITZ	49.99	0.0	49.99	24.0	1.5	0.0	Other, No limit on usage allowan
PA	LITITZ	49.99	0.0	49.99	24.0	4.0	0.0	Other, No limit on usage allowan
PA	MANHEIM	49.99	0.0	49.99	12.0	1.5	0.0	Other, No limit on usage allowan
PA	MANHEIM	49.99	0.0	49.99	24.0	1.5	0.0	Other, No limit on usage allowan
PA	MANHEIM	49.99	0.0	49.99	24.0	4.0	0.0	Other, No limit on usage allowand
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